



Intake Form

Please check the service(s) you are interested in:

Aroma Freedom <input type="checkbox"/>	Brain Gym <input type="checkbox"/>	Cold Laser <input type="checkbox"/>	Infrared Hot House <input type="checkbox"/>	Primitive Reflex <input type="checkbox"/>
Aromatherapy <input type="checkbox"/>	Biosonic Tuning <input type="checkbox"/>	ElectroReflex <input type="checkbox"/>	Infrared Sauna <input type="checkbox"/>	Reflexology <input type="checkbox"/>
Aqua Chi <input type="checkbox"/>	Chi Machine <input type="checkbox"/>	Emotion Code <input type="checkbox"/>	Listening Program <input type="checkbox"/>	<input type="checkbox"/>

Please Print

Name: _____ Date of Birth _____
 If under 18, name of legal parent or guardian: _____
 Spouse: _____ Child(ren) _____
 Siblings _____
 Address: _____
 (street) _____ (City-State) _____ (zip code) _____
 Home Phone: _____ Cell Phone _____ Work Phone _____
 E-Mail: _____ Referred by: _____

Nature of problem or concern: _____

Present Ailments: _____

Past Ailments/Broken Bones: _____

Operations / Injuries: _____

Medical Doctor _____

Are you presently under a Doctor's care? –Please explain: _____

What medications/supplements are you currently taking: _____

Are you receiving any therapy? –Please explain: _____

Have you ever received this service in the past? If so with whom? _____

How did you learn about us? _____

I understand that Janice Fiore is not a Doctor, and that the services provided do not in any way diagnose, prescribe, or treat a specific condition or disease. Services provided here are intended to enhance health by facilitating balance in the mind/body systems and to relieve tension, interrupt the stress response, which in turn helps to improve nerve and blood supply and to normalize the body.

Signature _____ Date _____